

Legislative Testimony
Public Health Committee
HB 5350: An Act Concerning the Department of Public Health's Recommendation on
Fluoridation of the Public Water Supply
Wednesday, February 24, 2016
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Dear Senator Gerratana, Representative Ritter, and Members of the Public Health Committee, my name is Dr. Douglas B. Keck. I have been practicing pediatric dentistry in New Haven and Madison for 24 years. I teach pediatric dental residents at Yale-New Haven Hospital and I am a HUSKY/Medicaid provider. I am writing testimony in support of HB 5350: An Act Concerning the Department of Public Health's Recommendation on Fluoridation of the Public Water Supply.

The United States Department of Health and Human Services Federal Panel on Community Water Fluoridation in 2015 recommended to those communities that fluoridate their water systems that the optimal fluoride level is 0.7 mg/L. This level provides the best balance of protection from dental caries while limiting the risk of dental fluorosis. The earlier recommendation for fluoride concentration was based on outdoor air temperature and ranged from 0.7-1.2 mg/L. Review of the literature over the last 50 years concludes that community water fluoridation is effective in decreasing dental caries prevalence and severity. While there is an abundance of research and data to support community water fluoridation, I would like to focus on how this affects our patients.

Tooth decay is the most common chronic early childhood disease in the United States. By age five, about six in ten children have had cavities. The pain from tooth decay hinders many children from eating, speaking, playing, learning, and even getting a good night's sleep. Further, children with healthy mouths have a better chance of overall health, because infection in the mouth can make a child more susceptible to infections in other parts of the body.

The tooth decay epidemic not only exacts a toll on children, but affects local healthcare systems as well. For example, the overburdened Medicaid program pays hundreds of millions of dollars every year to treat cavities in children, yet the condition is completely preventable, especially with the help of water fluoridation.

According to the American Academy of Pediatric Dentistry's policy statement on the Use of Fluoride, the AAPD "endorses and encourages the adjustment of fluoride content of domestic community water supplies to optimal levels where feasible". The inclusion of fluoride in community water supplies represents the best clinical practices for treating the oral health needs of children. Research from the last half-century indicates reductions in cavities of 55 to 60 percent from water fluoridation overall. Further, recent data show a reduction in cavities of

approximately 25 percent, when water supplies are fluoridated at the optimal level of 0.7 ppm(mg/L).

As pediatric dentists, we are specialists in treating the oral health of children, and we are on the front lines of providing care to our country's most vulnerable children. Water fluoridation serves the **entire** community and can have the strongest impact on underserved and financially disadvantaged families. As a matter of fact, for most cities that invest a dollar in community water fluoridation, \$38 is saved in dental treatment costs.

In summary, water fluoridation at the level of 0.7 ppm is safe, effective, costs very little, and benefits the citizens of Connecticut, especially those children most at risk of dental disease. I urge you to protect this valuable public health initiative.

I would like to sincerely thank-you for your time and for allowing me to submit this testimony and believe that you will support this amendment to the General Statutes of Connecticut.

Respectfully Submitted,

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